Appl. No. 09/625,886 Amdt. Dated: January 25, 2005

Atty. Docket No: 203-1544 CIP CON III (1695 CIP CON 3)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Dominick L. Mastri et al.

EXAMINER: Scott A. Smith

SERIAL NO.: 09/625,886

GROUP: 3721

FILED: July 26, 2000

DATED: January 25, 2005

FOR: SURGICAL STAPLER

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

Please amend this application as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 25, 2005.

Dated: January 25, 2005

Christopher G. Trainor

Page 1 of 3



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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 MAIL STOP: AMENDMENT

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. §1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. §1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	12	20	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	3	3	0	X 100 =	\$0	x 200 =	\$0
[] First Presentation of Multiple Dep. Claim				180		+ 360	\$0

^{*} If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

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Dated: January 25, 2005

Christopher G. Trainer

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed

[]	Please charge Deposit Account No. <u>21-0550</u> in the amount of \$ Two (2) copies of this sheet are enclosed.				
[]	A check in the amount of \$ is	enclosed.			
[X]	Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. "1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.				
		Respectfully submitted,			
		Christopher G. Trainor Reg. No. 39,517 Attorney for Applicant(s)			
	R, DELUCA, FARRELL& SCHMIDT, LLP I Hollow Road				

CA

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